

# A Look at Your VSP Vision Coverage

With VSP and Inova Health System,  
your health comes first.




Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.


## Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling at over \$3,000 in savings.

## Provider choices you want.

 With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

## Shop online and connect your benefits.

 Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

## Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## Using your benefit is easy!

Create an account on [vsp.com](https://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



More Ways  
to Save

Extra  
**\$20**  
to spend on  
Featured Frame Brands†

bebe Calvin Klein  
COLE HAAN DRAGON  
FLEXON LONGCHAMP  
and more

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

+  
Up to  
**40%**  
Savings on  
lens enhancements‡

Contact us: **800.877.7195** or [inova.vspforme.com](https://inova.vspforme.com)

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP Premier Edge is a trademark of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc.  
All other brands or marks are the property of their respective owners. 111284 VCCM

# Your VSP Vision Benefits Summary

Inova Health System and VSP provide you with an affordable vision plan. Choose the eye care essentials or upgrade to give your eyes extra love. The VSP Core Vision Plan is free; however, enroll in the Vision Buy-Up or Buy-Up VSP Plan so each member on your plan can enjoy personalized benefits.

**Provider Network:**

VSP Choice

**Effective Date:**

01/01/2024



BENEFIT	DESCRIPTIONS	COPAY	FREQUENCY
<b>CORE PLAN COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>BUY-UP PLAN COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>PRESCRIPTION GLASSES</b>		\$10	See frame and lenses
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$190 Featured Frame Brands allowance</li> <li>\$170 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Walmart/Sam's Club/Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$170 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>VSP LIGHTCARE<sup>TM+</sup></b>	<ul style="list-style-type: none"> <li>\$170 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$10	Every calendar year
<b>BUY-UP PLUS PLAN COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>PRESCRIPTION GLASSES</b>		\$10	See frame and lenses
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<b>VSP EASYOPTIONS<sup>+</sup></b>	<p><b>Members can choose one of these upgrades</b></p> <ul style="list-style-type: none"> <li>An additional \$100 frame allowance, <b>or</b> fully covered premium or custom progressive lenses, <b>or</b> fully covered light-reactive lenses, or fully covered anti-glare coating, <b>or</b> an additional \$50 contact lens allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>VSP LIGHTCARE<sup>TM+</sup></b>	<ul style="list-style-type: none"> <li>\$170 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$10	Every calendar year
<b>ALL PLAN OPTIONS</b>			
<b>RETINAL SCREENING</b>	<ul style="list-style-type: none"> <li>Images of the inside of the eye, used to screen for potential signs of eye disease</li> </ul>	Up to \$39	Every calendar year
<b>ESSENTIAL MEDICAL EYE CARE<sup>*</sup></b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>		

\*Not applicable to Core Plan.